**Details of young person – aged over 12 years**

|  |  |
| --- | --- |
| **Family name:** |  |
| **Forenames:** |  |
| **Date of birth:** |  |
| **Address:** |  |
| **CareFirst:**  **NHS number:** | **(this is your ID number in the computer)** |

**Information provided will be shared, as set out under the Data Protection Act 2018, for the purpose of working together. – This is the law the protects your personal details**

Please read the following carefully and then sign and date the form. By signing the form you are agreeing to all of the

following:

1. I have been told why professionals need to share information about me so those working with me and my family can work together.
2. I have been given the opportunity to discuss what sharing or not sharing information might mean for me.
3. I understand that my information will be held securely
4. I understand that my information will not be shared without my consent unless I could be at risk of significant harm, or where it is required by law for child protection procedures.
5. I understand that my information may be shared, on a need to know basis, with other agencies, for example: Council services such as education, social care / social workers and the police, NHS services and other organisations providing a service to the child or family.

Please indicate if there are any agencies that you do not want us to share information with; we will respect your wishes providing statement 4 does not apply.

Information can be shared with other agencies with the exception of:

Signature of young person: Must be aged 12 or over and able to understand the process of consent

Print Name Date

I have explained fully to the young person about information sharing and the involvement of services listed above.

Signature of Social Worker

Print Name Date

**Ensure copy given to young person**